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ABSTRACT

A series of mini courses in the basics of management, information systems, and personnel, the workshop was developed for tribal health program managers. The workshop aimed to provide: supervisory management training which was relevant to the need of tribal health supervisors; demonstrable evidence of understanding and application of new skills; the opportunity for college credit. In Phase One, Community Health Representative (CHR) Supervisors reviewed basic principles of management in lectures, small group discussions, and case studies. For this phase, CHR Supervisors were to develop a program plan according to given instructions. In the second phase, CHR Supervisors dealt with financial management, health statistics, data management and presentation, program evaluation, community relations, and motivation. The Phase Two challenge was to price the plan submitted in Phase One, "beef-up" the plan with supportive documentation, build in mechanisms for evaluation, and sell it to their communities. The final Phase dealt with the supervisor's role and responsibilities as managers of the work force. Topics included: employee counseling and career development, employee discipline, handling of employee grievances, and tribal personnel systems. A model personnel merit system was outlined to familiarize supervisors with the components of personnel administration. Among the conclusions drawn from the workshop was that recognition of achievement was an incentive that should be built into any training effort. (NQ)

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Management

Indian Health
Savings and Phos...

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COVER DESIGN
by

Anil Pedro

HEALTH MANAGEMENT WORKSHOP

A Three-Phased Training Program for CHR Supervisors

Salt Lake City, Utah

February 4 - 6, 1975

April 8 - 10, 1975

June 10 - 12, 1975

Sponsored by

Billings Area, Indian Health Service

Phoenix Area, Indian Health Service

and the

Brigham Young University,

Regional Medical Programs of Arizona,

Colorado-Wyoming, Intermountain, Mountain

States and New Mexico

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ACKNOWLEDGEMENTS

To expose certain managers of tribal health programs to basic management principles, the Billings and Phoenix Areas of the Indian Health Service sought and received support from five regional medical programs and Brigham Young University. This cooperative effort resulted in a three-phased management training seminar for tribal Community Health Representative supervisors from Arizona, Nevada, New Mexico, Montana, Utah, and Wyoming.

Although a pre-requisite to effective tribal health systems is appropriate management that insures maximum utilization of manpower, funds, and resources to accomplish goals, it does not follow that a good health program manager emerges from a school of health management or courses in health management without first having innate qualities of leadership. However, without prior knowledge of accepted principles of management on the part of managers of tribal health systems, effectiveness is needlessly made more difficult.

We must express our gratitude to Arizona Regional Medical Program, Colorado/Wyoming Regional Medical Program, Intermountain Regional

Medical Program, Mountain States Regional Medical Program, New Mexico Regional Medical Program, and Brigham Young University. Recognition is also due Robert Bergner, Ray Peterson, and Keith Smith of Brigham Young University; Ray Miller of Intermountain Regional Medical Program; and the other instructors and coordinators involved in the management series. Mr. Irv Schlafman, consultant who was the primary instructor, deserves special recognition for presentations that were of the highest quality.

INTRODUCTION

The Community Health Representative Program

In the late sixties, the Indian Health Service and tribal groups conceived of an Indian health worker who would serve as a liaison between the community and the health delivery system: between the consumer and the health professional. This health worker came to be known as the Community Health Representative (CHR). ?

Approving the concept, Congress appropriated funds for 167 CHR positions for fiscal year 1968. Under contractual arrangements with the Indian Health Service, tribes began the enactment of a program of indigenous outreach health workers who would be both an extension of the health professional and a spokesman for the patient. The primary objective for the system: to reach out and provide preventive health services such as health education and follow-up care. The program's emphasis was on direct patient care--organizational structure and program management was secondary. Fiscal responsibility was assumed to be present; monitoring was performed by periodic review of program efforts. Because of limited funding and the assumption that CHR's skills were inherent in their tribal membership, salaries started at the

equivalent to a Civil Service GS-2. Basic CHR training consisted of four (4) weeks of introductory courses to health and diseases at the Indian Health Service, Desert Willow Training Center with some local orientation to health facilities and programs. Training provided by Indian Health Service was minimal and subsequent in-service training frequently lost impetus.

However, as the CHR's evolved from a generalist community organizer, educator, and transporter into a more specilized care giver of defined specific health service such as a Mental Health Technician or Maternal and Child Health Specialist, the need for direct supervision and program management became evident. In addition, problems concerning training, job classification, and promotion had to be addressed. Concurrently, as the size of the program grew nationally; likewise, the interest and concern of where the dollars were being spent. This stimulated activities toward the development of a standardized reporting system, a model personnel merit system, and budget guidelines. Gradually, CHR's became involved in matters of management and tribes began to request supervisory and administrative positions to help deal with these problems. In the recruitment and selection of these positions the tendency of programs has been logically to promote from within. Most of the new "managers" were selected on the basis of their perform-

ance as a CHR--health care giver. As managers, the CHR supervisors expressed the need for additional skills.

The Health Management Workshop

In October, 1974, Mr. T. Jay Harwood, Assistant Area Director, Indian Community Health Development, Billings Area, Indian Health Service; Mr. Robert A. Marsland, Director, Office of Indian Community Resources, Phoenix Area, Indian Health Service; and Mr. Irv Schlafman, Training Consultant, met in the first of a series of discussions for the design of a basic management course. In designing the course both Areas agreed that content should be consistent with university standards, but should also be a practical and relevant experience.

A Personal Skills Inventory form was developed to obtain information from the participants on 1) the length of time in a supervisory position; 2) the number employees supervised; 3) the level of education; 4) the type of additional training; and 5) their career goals. Because this data indicated that over half of the participants had only one year of work experience as a supervisor and little or no training in supervisory management, the planning group decided that the course should be geared to transmit the fundamentals of the management.

Mr. Irv Schlafman, formerly Chief, Management Training, Indian Health Service, Desert Willow Training Center, Tucson, Arizona

developed a "shopping list" of management subject areas to which the participating supervisors expressed their preferences and interests. These elements were then meshed together to produce a three-phased Basic Health Management workshop series. The Health Management workshop series was planned and implemented to achieve three basic objectives: 1) provide supervisory management training that is relevant to the need of tribal health supervisors; 2) provide demonstrable evidence of understanding and application of new skills; 3) provide the opportunity for college credit.

What follows is a brief description of the course. We hope that this program will serve as a first step toward developing a model to meet additional training and developmental needs of tribal health projects.

PHASE ONE: BASIC PRINCIPLES OF MANAGEMENT

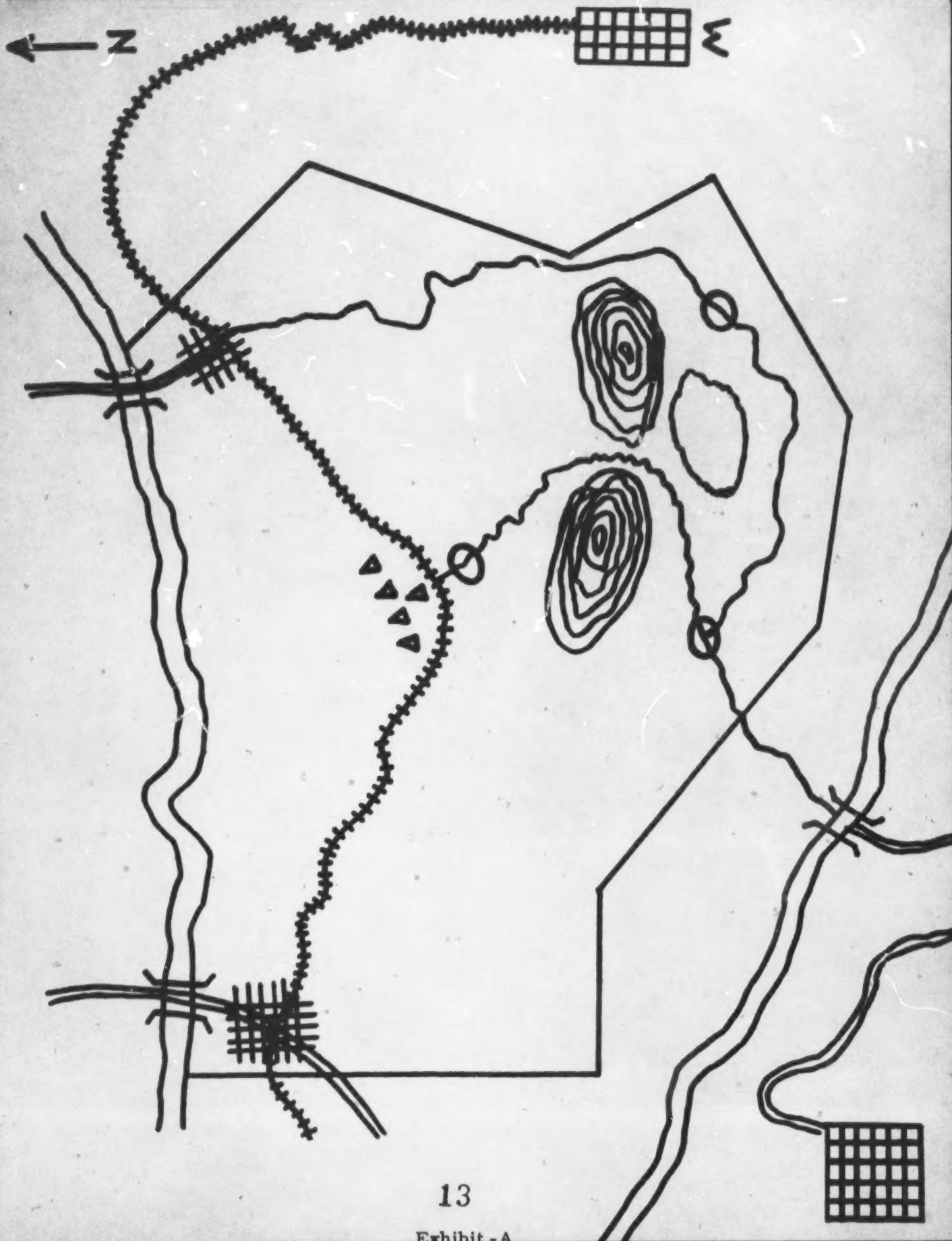
- * Nature of Management
- * Health Planning
- * Principles of Organization
- * Motivation and Leadership
- * Communications
- * Problem-Solving and Decision-Making

In a compact three-day session, CHR Supervisors reviewed basic principles of management in lectures, small group discussions, and case studies.

Planning:

The Lone Pine Reservation Case Study shown as Exhibit-A was an excellent exercise of the planning process because it was relative to the tribal community situations.

The project assignment for Phase-One was to develop a program plan according to the instructions given in Exhibit-B.



As a Community Health Representative, you are stationed at Donkey Springs and help the people in the reservation with their health needs. In order to do this, you have a map of the reservation and have certain basic information about the different areas. This information is provided by means of handouts you will receive in this phase of the seminar. As you discuss this with members of your group, you may want to add other facts about the reservation. Do this, if you feel it is important and the group agrees it should be included.

Complete this planning activity through the following steps:

- Step I: Identify the Communities by noting all geographical information on the map.
- Step II: Identify the health problems of each Community by looking at the vital indices data and marking the map so you know where the problems are.
- Step III: Establish a priority of the health needs, so planning can be done. Determine which are the most serious problems.
- Step IV: Discuss these problems with other members of your group and decide what can be done for the people who have problems and plan the priorities. List these in your notebook.
- Step V: Report your planning.

LONE PINE RESERVATION CASE STUDY
GEOGRAPHICAL DATA

DONKEY SPRINGS

- Railway Station of the XYZ Railroad
- A major improved highway runs through the community and spans a bridge over the Down-to-Earth River.
- An airport is located outside of town which accommodates small jets and propeller driven aircraft.
- A 75 bed hospital has been provided by the tribal community, industry and B. I. A. It offers maternity services, operation room and related facilities, chronic and communicable disease treatment facilities (your office is located here).
- There are three elementary schools, a junior high school, and a senior high school.
- Population is 10,000.
- The distance from Donkey Springs to Consummer Well is 150 miles by XYZ Railroad.
- Four CHR's located here (one supervisor which is you).
- Two medicine men.

Other Information you feel is necessary:

LONE PINE RESERVATION CASE STUDY
GEOGRAPHICAL DATA

CALENTE PLATEAU

- There is a railway station operated by the XYZ Railroad.
- There is a B.I. A. clinic (10 beds) for emergency care, maternal care and minor operation procedures.
- Two elementary schools and a high school.
- An improved highway runs north spanning a bridge over the Done-to-Earth River.
- An unimproved road extends south to Devil Mountain which is 175 miles away.
- The distance to Consumers Well is 130 miles by railway.
- Small aircraft airport is outside the community limits.
- XYZ Railroad extends to Point M which is a major city with many medical facilities and universities.
- Population is 6,000.
- There is farming, and light industry and some recreation facilities at the Down-to-Earth River 10 miles away.
- Improved road and XYZ Railroad to City M is 500 miles.
- Two CHR's located here.
- One Medicine Man.

Other information you feel is necessary:

LONE PINE RESERVATION CASE STUDY
GEOGRAPHICAL DATA

CONSUMMERS WELL

- Population 1,000.
- One school (elementary and high school combined).
- XYZ Railroad has an oil pumping station for oil tanker car loading.
- Oil companies have a number of wells.
- An unimproved road goes to Recapture 110 miles through mountain pass.
- Trading post is operated under tribal directions.
- XYZ Railroad runs 130 miles to Calente Plateau and 150 miles to Donkey Springs.
- One CHR located here.
- One Medicine Man.

Other information you feel is necessary:

LONE PINE RESERVATION CASE STUDY
GEOGRAPHICAL DATA

RECAPTURE

- Population is 2,500.
- Unimproved road leads to Consumers Well 110 miles away.
- Unimproved road leads to City P, 75 miles to bridge which spans the Muddy River. Improved road leads to City P from bridge, 325 miles; sometimes the bridge is washed out during the flood seasons.
- One elementary school and a small high school.
- Ranching and farming in surrounding mountain area.
- Fishing and recreation at Blue Lake, 35 miles away.
- One CHR located here.
- One Medicine Man.
- Trading post operated under tribal direction.

Other information you feel is necessary:

LONE PINE RESERVATION CASE STUDY
GEOGRAPHICAL DATA

DEVIL MOUNTAIN

- Population is 2,000.
- One elementary school, and a small high school.
- Unimproved road to Recapture, 100 miles away.
- Unimproved road to Calente Plateau, 175 miles away.
- Fishing and recreation at Blue Lake, 20 miles away.
- Farming and ranching in Mountain and Lake area.
- One CHR located here.
- One Medicine Man.
- Trading post operated under tribal direction.

Other information you feel is necessary:

LONE PINE RESERVATION CASE STUDY
VITAL INDICES AND SITUATIONS

DONKEY SPRINGS - 1974

- 280 Live Births	rate: 28/1,000
- 90 Deaths	rate: 9/1,000
- 6 Infant Deaths	rate: 21/1,000 live births
- 1 Maternal Mortality	rate: 4/10,000 live births
- 22 Deaths Due to Heart Disease	rate: 220/100,000
- 7 Deaths Due to Accidents	rate: 70/100,000
- 8 Deaths Due to Cancer	rate: 80/100,000

Situation:

The tribal leader calls you and explains that five cases of typhoid fever have been reported in one family just south of Donkey Springs.

No one has died but there is a possibility that the disease will spread to others in the community.

Other information:

LONE PINE RESERVATION CASE STUDY
VITAL INDICES DATA AND SITUATIONS

CALENTE PLATEAU - 1974

- 144 Live Births	rate: 24/1,000
- 60 Deaths	rate: 10/1,000
- 4 Infant Deaths	rate: 27/1,000 live births
- 1 Maternal Mortality	rate: 7/10,000 live births
- 13 Died from Heart Disease	rate: 217/100,000
- 5 Died from Accidents	rate: 83/100,000
- 5 Died from Cancer	rate: 83/100,000

Situation:

When you get home from this seminar you discover that in the past three months there have been 14 auto accidents on the road to Devil Mountain with 8 deaths. Reasons for these accidents are: drunken driving, speeding, asleep at the wheel, poor road conditions.

Other information:

LONE PINE RESERVATION CASE STUDY
VITAL INDICES DATA AND SITUATIONS

CCNSUMMERS WELL - 1974

- 33 Live Births	rate: 33/1,000
- 11 Deaths	rate: 11/1,000
- 1 Infant Death	rate: 30/1,000 live births
- 2 Maternal Mortality	rate: 9/10,000 live births
- 2 Deaths Due to Heart Disease	rate: 200/100,000
- 1 Death Due to Accidents	rate: 100/100,000
- 1 Death Due to Cancer	rate: 100/100,000

Situation:

When you return from this seminar you find out that out of 1,000 people, 200 have problems with alcohol. Some are developing cirrhoses of the liver, some are not caring for families, some are being fired from jobs with oil company, some are having accidents although none have died.

Other information:

LONE PINE RESERVATION CASE STUDY
VITAL INDICES DATA AND SITUATIONS

RECAPTURE - 1974

- 80 Live Births	rate: 32/1,000
- 33 Deaths	rate: 13/1,000
- 13 Infant Deaths	rate: 163/1,000 live births
- 2 Maternal Mortality	rate: 25/10,000 live births
- 5 Deaths Due to Heart Disease	rate: 200/100,000
- 3 Deaths Due to Accidents	rate: 120/100,000
- 2 Deaths Due to Cancer	rate: 80/100,000

Situation:

When you get back from this seminar you receive reports that in the past three months, five infants have died in Recapture. One mother died during birth to twins. Midwives give aid to mothers during birth of children. Mothers are giving births in homes.

Other information:

LONE PINE RESERVATION CASE STUDY
VITAL INDICES DATA AND SITUATIONS

DEVIL MOUNTAIN - 1974

- 34 Births	rate: 17/1,000
- 30 Deaths	rate: 15/1,000
- 14 Infant Deaths	rate: 42/1,000 live births
- 5 Maternal Mortality	rate: 147/10,000 live births
- 6 Deaths Due to Heart Disease	rate: 300/100,000
- 4 Deaths Due to Accidents	rate: 200/100,000
- 2 Deaths Due to Cancer	rate: 100/100,000

Situation:

When you return from this seminar you are told that there is an outbreak of infectious hepatitis in Devil Mountain. There have been 78 cases and 3 deaths. The water supply is suspected, therefore other cases are likely to occur unless something is done quickly. People need medicine and care. What can you do?

Other information:

HEALTH MANAGEMENT WORKSHOP
PHASE ONE

Program Plan Assignment

1. Document a list of health problems in your community, by the following classifications: Disease, Environment, Social, Delivery System, General. Please be specific as to magnitude of the problem, location, and type of problem.
2. List the three (3) most significant of these problems in priority. Justify your ranking.
3. Select one (1) of these problems and identify possible causes. What is currently being done about this problem? What is not being done?
4. Write some specific objectives for FY-76 concerning the reduction or elimination of this problem.
5. List the tasks that must be accomplished to achieve these objectives.
6. List the resources needed, who is to do the work, where, when, etc.
7. By means of a scheduling chart, list the task in sequence and by time.
8. By means of an organizational chart, show the relationships among the people concerned with these tasks. Who supervises who?

PHASE TWO: BASIC PRINCIPLES OF INFORMATION SYSTEMS

- * Financial Management
- * Health Statistics
- * Data Management and Data Presentation
- * Program Evaluation
- * Community Relations
- * Motivation

Having written their program plans, the CHR Supervisors had defined their tasks as managers in terms of accomplishing certain objectives. The Phase-Two challenge was 1) price the project; 2) beef-up the plan with supportive documentation; 3) build in mechanisms for evaluation; and 4) sell it to their communities.

Messrs. Booth and Ward shared their experiences in setting up financial management systems for tribal groups. In discussion sessions, fiscal details of the contract, basic records (bookkeeping), and budget plans were reviewed from a practical approach of things you need to know, things you can do yourself, and when to utilize professional services.

Data Management, Data Presentation, Health Statistics--these subject areas were presented on the basis that, as managers, CHR Supervisors should become familiar with statistics and data management as a tool. A tool being an instrument necessary to ones' work, which is used to achieve a desired result.

Health Statistics covered definition of terms such as cohort, rate, degrees of central tendency (mean, median, mode); identification of selected vital records, collection of raw data through questionnaires, computation of raw data into rates and presentation of data in maps, charts, bar diagrams, etc. The Indice Rates (Exhibit-C) and Vital Statistics questionnaire (Exhibit-D) were used in group exercises.

To key in on specific data collection, the CHR Activity Reporting System was reviewed for basic uses of information in planning, monitoring, evaluating, and re-directing program efforts. Administrative uses of data included analysis for quality control check points, work load distribution, and training needs.

PUBLIC HEALTH STATISTICS

INDICE RATES

Formula:

$$\text{Rate} = \frac{\text{Number of Events}}{\text{Population at Risk}} \times \frac{\text{Comparator}}{\text{Population}}$$

$$\text{Crude Birth Rate} = \frac{\text{Number of Registered Live Births}}{\text{Mid-Year Population}} \times 1,000$$

$$\text{Crude Death Rate} = \frac{\text{Number of Registered Deaths}}{\text{Mid-Year Population}} \times 1,000$$

$$\text{Infant Death Rate} = \frac{\text{Number of Deaths (1 year of age)}}{\text{Number of Live Births}} \times 1,000$$

$$\text{Maternal Death Rate} = \frac{\text{Number of Maternal Deaths}}{\text{No. Women Child B.}} \times 10,000$$

$$\text{Specific Cause Death Rate} = \frac{\text{Number of Deaths (specific disease)}}{\text{Mid-Year Population}} \times 100,000$$

PUBLIC HEALTH STATISTICS
INDICE RATES

Other information:

Assignment:

1. Find the total residents (all in chart).
2. Categorize data.
3. Compute figures for tabular display (usually in percentage).
4. Assemble into presentable forms.
5. Report data by various forms (pie diagram, tables, histogram, bar graph).
6. Label the data presentations appropriately.

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CHR SEMINAR
VITAL STATISTICS

The following questionnaire will aid us in gathering information to use as a working example in computing statistics and presenting them in clear form to others. Add to this form those questions which have been suggested and agreed upon from class discussion.

DO NOT PUT YOUR NAME ON THIS QUESTIONNAIRE

I am: full blood Indian _____
 full blood white _____
 mixed blood Indian _____

My age is: under 20 years _____
 20 - 29 years _____
 30 - 39 years _____
 40 - 49 years _____
 50 - 59 years _____
 over 60 years _____

My sex is: Male _____ Female _____

CHR SEMINAR
VITAL STATISTICS

My height is:

(in nearest full inch)

under 5'

5' - 5' 6"

5'7" - 5'11"

6'0" - 6'5"

6'6" - over

My weight is:

(in nearest full pound)

under 100 lbs.

100 - 125 lbs.

126 - 149 lbs.

150 - 175 lbs.

176 - 199 lbs.

200 - 225 lbs.

226 - 249 lbs.

250 - over

Program Evaluation: Methods of measuring achievement; assessing and judging its value. CHR Supervisors addressed themselves to: 1) the principles of evaluation procedure -- precise statements of program objectives, baseline data, expected results at a future point in time; 2) the process of evaluation -- steps to determine extent of achievement; and 3) the purpose of evaluation -- decision-making for program growth and justification of program expenditures.

Throughout the process of planning, evaluating, and budgeting, the CHR Supervisor not only had to apply concepts, principles, and procedures for handling things, but also had to apply concepts, principles, and procedure for dealing with people. Therefore, cross-cultural aspects of Motivation was approached from a perspective of knowing how to deal with people outside the community; whereas, Community Relations was keyed to knowing your community.

The project assignment for Phase Two was to price out the plan submitted in Phase One or to develop a budget plan for their respective program plans. Cost categories included personnel, travel, utilities, office rental, etc. The supervisors were encouraged to use charts, diagrams or other graphics to present budget information.

PHASE THREE: BASIC PRINCIPLES OF PERSONNEL MANAGEMENT

- * Employee Counseling and Career Development
- * Employee Discipline
- * Handling of Employee Grievances
- * Tribal Personnel Systems

The final Phase dealt with the supervisor's role and responsibilities as managers of the work force. Topics such as: Counseling with Objectivity; Non-Directive Counseling; Career Planning; Guides to Correction; Types of Disciplinary Action; and Developing your Employee Appraisal System were presented. A model personnel merit system was outlined to familiarize supervisors with the components of personnel administration.

Program Successes and Failures: A special feature of this session was the panel presentation on Program Successes and Failures. Mr. Earl Barlow (Blackfeet), Superintendent, Browning Public Schools, Browning, Montana, spoke of his experience with Indian parent groups and their efforts to organize around needs; the process they followed to solve their problems and their successes and failures.

The Acting Director for the Hopi Education Department, Oraibi, Arizona, Mr. Milford Sanderson (Hopi), shared the traditional and contemporary Hopi view of education and health which has been strongly influenced by Hopi religion and the clan system. Here, successes would be measured by the degree of compatibility between modern technology and traditional beliefs--to ignore these beliefs would be to plan for failure.

The grapplings of the Intermountain School Board was presented by Mr. John Fleming, Service Unit Director, Intermountain School, Brigham City, Utah. Mr. Fleming felt that he had achieved some successes for the school health program when the board was successful in dealing with school policy.

SUMMARY AND CONCLUSIONS

The Health Management Workshop, a series of mini courses in the basics of management, information systems, and personnel, was developed for tribal health program managers--Community Health Representative Supervisors.

Because most of the participants had a similar background of training and experience for their role as CHR Supervisors, and the subject matter was basic, their participation was somewhat on common grounds. In addition, speakers, panelists, and instructors were chosen on their ability to relate their expertise to tribal health managers. These considerations were part of the effort to make the Health Management Workshop a relative and meaningful experience.

The planning and budgeting processes were the tools measured to demonstrate the supervisors' ability to apply their skills in these areas. Although the Phoenix Area supervisors had had some previous experience with the submission of program plans and budgets, still they weren't aware of why research and statistics are important in planning; why objectives must be measurable; how evaluation is integrated into plans, and the importance of monitoring the budget to control and re-direct program efforts as changes occur.

Brigham Young University staff were helpful in maintaining course standards. However, the question of credit hours is one that still needs further study. In terms of cost, the benefits seem limited considering the current status of tribal personnel merit systems.

Based on the experiences outlined in this report, the following conclusions have been drawn:

1. Participants should have somewhat similar background and training experiences to facilitate an atmosphere of participation and determine the level of the subject matter.
2. Work assignments and/or other mechanisms to measure the effectiveness of training are essential. The purpose of this type of training being to increase or sharpen the tools of the tribal health manager to function within his environment.
3. Recognition of achievement is an incentive that should be built into any training effort.

APPENDICES

APPENDIX A:
Personal Skills Inventory

PERSONAL SKILLS INVENTORY

Name _____ Reservation _____

Title of Present Position: _____ Start Date _____

Salary _____ Grade/Step _____

Name and Title of Immediate Supervisor: _____

How many individuals do you supervise? _____

List major duties in order of importance: _____

Last position held: _____ Date left: _____

List major duties in this position: _____

_____Education: Highest level completed: _____

Name of institution: _____

Area of study: _____

Additional Training:

Title of course: _____ Date: _____

Agency who provided training _____

Hours of Training: _____

Type of Training: Academic _____ (college credit)
Vocational _____
Other _____ (short course, workshops, etc.)

PERSONAL SKILLS INVENTORY , p. 2

Major subject areas of training: _____

Title of course: _____ Date: _____

Agency who provided training: _____

Hours of training _____

Type of training: Academic _____ (college credit)
Vocational _____
Other _____ (short courses, workshops, etc.)Major subject areas of training: _____
_____Please list your career goals: (be as specific as possible)

_____List types of training you feel will be needed to reach the above career goals: (be specific)

_____List experience you feel will be needed to reach the above career goals:

APPENDIX B:

Class Roster and Class Picture

*Class Picture Removed - Nonreproducible
Photo*

CLASS ROSTER

Salt Lake City, Utah

<u>Name/Title</u>	<u>Program</u>	<u>Address</u>
Ameelyenah, Charlotte Supervisor	Colorado River CHR Program	Parker, Arizona
Black, Ruby Supervisor	Ute CHR Program	Fort Duchesne, Utah
Daniels, Earl Health Administrator	Quechan CHR Program	Fort Yuma, Arizona
Doka, Ethel	Fort McDowell CHR Program	Scottsdale, Arizona
Dumontier, Clara Supervisor	Flathead CHR Program	St. Ignatius, Montana
Ewing, Mary Supervisor	Northern Cheyenne CHR Program	Lame Deer Montana
Gonzales, Josephine Director	Inter-Tribal Council of Nevada, Inc.	Reno, Nevada
Hale, Jo	Brigham Young University	Provo, Utah
Harvey, Sarah Supervisor	Shiprock CHR Program	Shiprock, New Mexico
Hernasy, Ken Supervisor	P.S.U.I.H.A.B., Inc. CHR Program	Phoenix, Arizona
Jordan, Peter Supervisor	Crownpoint CHR Program	Crownpoint, New Mexico

CLASS ROSTER
Salt Lake City, Utah

<u>Name/Title</u>	<u>Program</u>	<u>Address</u>
Kittson, Veverly Supervisor	Blackfeet CHR Program	Browning, Wyoming
Kugler, Rose Assistant Supervisor	Flathead CHR Program	St. Ignatius, Montana
Laban, Joseph Administrative Intern	Hopi CHR Program	Oraibi, Arizona
Makeshine, Frances Assistant Supervisor	Wind River CHR Program	Fort Washakie, Wyoming
Nez, Paulette	County Health Department	Salt Lake City, Utah
Pepion, Eileen Assistant Supervisor	Blackfeet CHR Program	Browning, Wyoming
Silver, Elva	County Health Department	Salt Lake City, Utah
Smith, Arlene Supervisor	San Carlos CHR Program	San Carlos, Arizona
Spotted Horse, LaVonne Assistant Supervisor	Crow CHR Program	Crow Agency, Montana
Thomas, Hazel Supervisor	Salt River Pima-Maricopa CHR Program	Scottsdale, Arizona
Tyler, Laura Supervisor	Wind River CHR Program	Fort Washakie, Wyoming
Werk, Gertrude Supervisor	Fort Belknap CHR Program	Harken, Montana

CLASS ROSTER
Salt Lake City, Utah

<u>Name/Title</u>	<u>Program</u>	<u>Address</u>
White Hip, Jerome Team Leader	Crow CHR Program	Crow Agency, Montana
Windy Boy, Alvin Supervisor	Rocky Boy CHR Program	Rocky Boy, Montana

APPENDIX C:

Brigham Young University Course Certificate

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Brigham Young University
Division of Continuing Education
Community Health Representative
Management Training Workshop

1975

This is to certify that

has successfully completed the requirements of attendance and participation in the **COMMUNITY HEALTH REPRESENTATIVE MANAGEMENT TRAINING WORKSHOP** conducted in Salt Lake City, Utah, under the auspices of Brigham Young University and the Regional Medical Programs representing Arizona, Colorado-Wyoming, Intermountain, Mountain States, and New Mexico. Three semester hour credits are hereby awarded.

Keith L. Smith, Coordinator
Graduate Programs
Continuing Education
Brigham Young University

T. Jay Howard, Assistant Area Director
Indian Community Health Development
Programs
Billings I. H. S. Area

Robert A. Marshland, Director
Office of Indian Community Resources
Phoenix I. H. S. Area

APPENDIX D:

Instructors Roster

INSTRUCTORS

Elliott Booth Executive Director Phoenix Service Unit Indian Health Advisory Board, Inc. Phoenix, Arizona	* Financial Management
Robert Burgener Department of Health Sciences Brigham Young University Provo, Utah	* Health Planning
	* Elementary Statistics and Graphics
F. David Lambert Executive Director Portland Area Indian Health Board Portland, Oregon	* Communications
	* Employee Career Development
	* Counseling of Employees
Elmer Lidstone Branch Chief Program Planning Branch Phoenix Area, Indian Health Service, Area Office Phoenix, Arizona	* Program Evaluation
Chris Meek Consultant Provo, Utah	* Motivation Concepts and Leadership Styles
	* Cross Cultural Aspects of Motivation

INSTRUCTORS

Ed Oshiro

Health Educator
Indian Health Service, Health
Center
Wind River Reservation
Fort Washakie, Wyoming

* Community Relations

Kerry Patterson
Consultant
Provo, Utah

* Motivation Concepts and
Leadership Styles

* Cross Cultural Aspects
of Motivation

Ray Peterson
Department of Health Science
Brigham Young University
Provo, Utah

* Health Planning

Irv Schlafman
Management Training
Consultant
Tucson, Arizona

* CHR Management Problems
and Concerns

* Principles of Organization

* Problem Solving and
Decision-Making

* CHR Data Management

* Employee Discipline -
Handling Grievances

* Tribal Personnel System

Jeff Ward
Consultant
Phoenix, Arizona

* Financial Management

INSTRUCTORSPANEL SPEAKERS

Earl Barlow

Superintendent, Browning Public Schools, Browning, Montana

Milford Sanderson

Acting Director, Hopi Education Department, Oraibi, Arizona

John Fleming

Service Unit Director, Intermountain School, Brigham City, Utah

KEYNOTE SPEAKER

Dean Clayne R. Jensen

College of Physical Education, Brigham Young University,
Provo, Utah